

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Wag</i>		5/10
O.I.P.E. CLASSIFIER	<i>Ne</i>	45	5/10
FORMALITY REVIEW		659.8	5-19-20
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	05/28/04	
2	✓		
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13	✓		
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24	✓		
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28	✓		
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30	✓		
31	✓		
32	○		
33	✓		
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41	✓		
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44	✓		
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47	✓		
48	✓		
49	✓		
50	○		

Claim	Final	Original	Date
51	✓	05/28/04	
52	✓		
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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